

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. NATIONAL UNION FIRE INS CO OF PITTSBURGH, (the "Insurer"),
(Name of Insurer)

of 70 PINE ST., NEW YORK, N.Y. 10270 hereby
(Address of Insurer)

certifies that it has issued liability insurance covering bodily
injury and property damage to K. S. PROCESSING CO., (the
(Name of Insured)

"insured"), of 201 W 10TH ST., MARCUS HOOK, PA 19061
(Address of Insured)

in connection with the insured's obligation to demonstrate financial
responsibility under 40 CFR 264.147 or 265.147. The coverage applies
at: A. SAME AS ABOVE: EPA #PAD980691737

B. _____

C. _____
(EPA Identification #, name, and address of facility)

for sudden accidental occurrences. The limits of liability are
primary and the company shall not be liable for amounts in excess of
\$ 1,000,000 for each occurrence and annual aggregate limits of
\$ 1,000,000, exclusive of legal defense costs. The coverage is
provided under policy number S9952116, issued on 6/30/83.
(Date)

The limits of liability are excess and the company shall not be liable
for amounts in excess of \$ _____ ea occ\$ _____ agg.
exclusive of defense costs. The coverage is provided under policy
number _____ issued on _____.
(Date)

2. The Insurer further certifies the following with respect to
the insurance described in Paragraph 1:

~~(a) Bankruptcy or insolvency of the insured shall not relieve
the Insurer of its obligations under the policy.~~

(b) The Insurer is liable for the payment of amounts within
any deductible applicable to the policy, with a right of reim-
bursement by the insured for any such payment made by the Insurer.
This provision does not apply with respect to that amount of any
deductible for which coverage is demonstrated as specified in
40 CFR 264.147(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S.
Environmental Protection Agency (EPA), the Insurer agrees to furnish
to the Regional Administrator a signed duplicate original of the
policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the
insured, will be effective only upon written notice and only after
the expiration of sixty (60) days after a copy of such written
notice is received by the Regional Administrator(s) of the EPA
Region(s) in which the facility(ies) is(are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of the thirty(30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States.

Gail E. Lamparter (a)

(Signature of Authorized Representative of Insurer)

GAIL E. LAMPARTER; ENVIRONMENTAL COMPLIANCE SERVICES
(Type Name of Representative)

UNDERWRITER Authorized Representative of NATIONAL UNION FIRE
(Title) (Name of Insurer)

INSURANCE CO OF PITTSBURGH ; 70 PINE ST., NEW YORK, N.Y. 10270
(Address of Insurer)

RECEIVED
Facilities Management Section

AUG 17 1983

U.S. EPA, Region III



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1/4/11
Time Start _____
Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR☐ S Q GENERATOR

Company name K.S. Processing I.D. Number PAD 980691737
Site Address 201 East 10th St., Marcus Hook, PA
County Delaware Municipality Marcus Hook Boro Zip 19061
Name of Inspector Paul Tardel
Name & Title of Responsible Official Wilfrid Carroll
Person Interviewed SAA Telephone (610) 444-5301
Mailing Address (if different from above) P.O. Box 385, Penn Ave.
Amount of Hazardous Waste Generated per Month: N/A Pounds _____ Kgs _____

1. Site Characterization: N/ASTORAGE: ☐ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity HandlerUniversal Waste Types not detd.3. Hazardous Waste Transporters: N/A

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	<u>N/A</u>	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of inspection 1/4/01 Identification Number PAD980691737Company/Facility/Site Name KS Processing (Safety Disposal System of PA, Inc.)

This routine hazardous waste generator and transporter inspection of the above facility was done by Department SWS Paul Jardel with permission of facility General Manager Mr. Wilfort Carroll. The facility is a permitted infectious waste processing facility, utilizing two autoclaves.

The facility has undergone changes of ownership and name since K.S. Processing operated the facility. The current operator, Safety, Disposal Systems of PA Inc. is part of the Med/Waste Corporation.

This facility does not routinely generate or transport hazardous wastes.

Since this facility does not generate or manage hazardous wastes, the K S Processing EPA ID# should be closed out.

No violations were observed during this inspection.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Copy mailed to facility Date 1/4/01
Inspector (signature) [Signature] Date 1/13/01

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	
INSTALLATION'S EPA I.D. NO.		PLEASE PLACE LABEL IN THIS SPACE		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
I. NAME OF INSTALLATION					
II. INSTALLATION MAILING ADDRESS					
III. LOCATION OF INSTALLATION					
FOR OFFICIAL USE ONLY					
COMMENTS					
C 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00					
INSTALLATION'S EPA I.D. NUMBER		APPROVED		DATE RECEIVED (yr., mo., & day)	
F R A D 1 8 0 6 9 1 7 3 7		1 1 6		8 3 2 1 1 0	
I. NAME OF INSTALLATION					
K. S. P R O C E S S I N G C O. I N C.					
II. INSTALLATION MAILING ADDRESS					
STREET OR P.O. BOX					
3 P O B O X 4 7 1					
CITY OR TOWN					
4 M O O R E S T O W N					
ST. ZIP CODE					
N J 0 8 0 5 7					
III. LOCATION OF INSTALLATION					
STREET OR ROUTE NUMBER					
5 2 0 1 W. 1 0 t h S t r e e t					
CITY OR TOWN					
6 M A R C U S H O O K					
ST. ZIP CODE					
P A 1 9 0 6 1					
IV. INSTALLATION CONTACT					
NAME AND TITLE (last, first, & job title)					
2 S C H E U E R M A N N K U R T P R E S I D E N T					
PHONE NO. (area code & no.)					
2 1 5 - 4 9 4 - 4 6 0 6					
V. OWNERSHIP					
A. NAME OF INSTALLATION'S LEGAL OWNER					
8 K U R T S C H E U E R M A N N					
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)					
F = FEDERAL M = NON-FEDERAL					
VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))					
<input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII)					
<input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION					
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))					
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):					
VIII. FIRST OR SUBSEQUENT NOTIFICATION					
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.					
AMENDED FORM					
<input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)					
C. INSTALLATION'S EPA I.D. NO.					
IX. DESCRIPTION OF HAZARDOUS WASTES					
Please go to the reverse of this form and provide the requested information.					

I.D. - FOR OFFICIAL USE ONLY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W														

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 3	F 0 0 5				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
	Kurt Scheuermann, President	Jan. 3. 1983

B
HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

Closure Inspection

Date of inspection 3-13-86 Time start 10³⁰ Time finish 11⁰⁰
Name of inspector Carol Kurtz
Company, installation name KSP processing
Location 201 E. 10th St - Marcus Hook Development Park
County Delaware Municipality Marcus Hook
Identification number PAD980691737
Name of responsible official Kurt Scheuermann
Title Owner
Mailing address 201 E 10th St. Marcus Hook Pa 19061
Area code and phone no. 215 494 4606
Name of person interviewed Frank Scheuermann
Title same
Mailing address (if different from above) _____
Area code and phone no. _____

1. Current waste handling method: N/A
- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☐ Off-site ☐ treatment, ☐ storage, ☐ disposal
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

a. - 0 - kg./mo.

b. - 0 - kg./yr.

MAR 1 1986

3. Types of hazardous waste produced by Hazardous Waste Number:

- N/A -

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

Date of Inspection 3-13-86 Identification Number PAD98 0691737
Company, Installation Name K.S. Processing
County Delaware Municipality Marcus Hook

This inspection was to ascertain that all aspects of the hazardous waste activities have been discontinued.

It has been determined that there is no longer any hazardous waste activities. All waste (hazardous) has been removed from ~~the~~ the site.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Carol Kutz Date 3-13-86
Inspector (signature) Carol Kutz Date 3-13-86

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

Date of inspection 3-13-84 Time start 10³⁰ Time finish _____
Name of inspector Carol Kurty
Company, installation name KS Processing
Location 201 E. 10th St. Marcus Hook Development Park
County Delaware Municipality Marcus Hook
Identification number PAD 980691737
Name of responsible official Kurt Schenermann
Title Owner
Mailing address 201 E 10th St. Marcus Hook PA 19061
Area code and phone no. 215 - 494 - 4606
Name of person interviewed Ed Schenermann
Title owner
Mailing address (if different from above) _____
Area code and phone no. _____

1. Site characterization: N/A

- a. ☐ Treatment - ☐ surface impoundments, ☐ chemical, ☐ physical, ☐ biological
b. ☐ Storage - ☐ containers, ☐ tanks, ☐ surface impoundments, ☐ waste piles
c. ☐ Disposal - ☐ land treatment, ☐ landfill, ☐ incineration, ☐ thermal treatment
d. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Does the facility generate hazardous wastes? ☐ Yes ☒ No

3. Types of hazardous waste produced by Hazardous Waste Number:
N/A

4. Are hazardous wastes transported off-site by the facility? ☐ Yes ☐ No
N/A

MAR 1 1984

Date of Inspection 3-13-86 Identification Number PAD 980691737
Company, Installation Name KS Processing
County Delaware Municipality Marcus Hook

This inspection was for closure purposes - to determine whether facility was still operating.

At the time of this inspection, it was determined that no hazardous waste treatment or disposal is occurring on site. All waste has been removed.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Carol Kuntz Date 3-13-86
Inspector (signature) Carol Kuntz Date 3-13-86

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection

K.S. Processing
PAD # 980691737

DATE: *8/14/85*

FROM: Dana J. Barnett, Compliance Officer
RCRA Enforcement Section (3HW11)

TO: File

THRU: Peter W. Schaul, Chief *C.D.T. for P.W.S.*
RCRA Enforcement Section (3HW11)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS
INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING RESOLUTION OF
THESE VIOLATIONS.



OFFICE OF ENVIRONMENTAL PROGRAMS
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

201 WEST PRESTON STREET • BALTIMORE, MARYLAND 21201 • AREA CODE 301 • ~~301~~ 225-5647

TTY FOR DEAF: Balto. Area 383-7555
D.C. Metro 565-0451

Adele Wilzack, R.N., M.S., Secretary

William M. Eichbaum, Assistant Secretary

June 24, 1985

CERTIFIED MAIL

K.S. Processing Company,
201 East 10th Street
Marcus Hook, Pennsylvania 19061

Dear Sir:

Enclosed you will find a Notice of Violation concerning violations of the Health-Environmental Article and regulations promulgated thereunder, resulting from transportation of Controlled Hazardous Substances.

As you can see by the Notice of Violation, you have the option of prepaying the civil penalty assessment in lieu of appearing for the hearing. If you choose to appear for the hearing, the fact of the violation and the amount of the assessment will be determined by the Hearing Officer.

On April 10, 1984, May 16, 1984, June 20, 1984, and July 17, 1984, October 17, 1984, December 18, 1984, and February 20, 1985, authorized agents of your company did receive for transport from the Uniformed Services University of Health Sciences, located in Bethesda, Maryland to K. S. Processing Company, Pennsylvania, Controlled Hazardous Substances.

On April 10, 1984, June 20, 1984, October 17, 1984, December 18, 1984, and February 20, 1984, authorized agents of your company did receive for transport from the National Naval Medical Research Institute, RSO, located in Bethesda, Maryland to K.S. Processing Company, Pennsylvania, Controlled Hazardous Substances.

In reviewing Pennsylvania Manifest Documents PAA4936024, PAA4936035, PAA4936116, PAA4936256, PAA4936190, PAA4936315, PAB00884903, PAB00884940, PAB00885146, and PAB00885150, PAB00885511, and PAB00885345, it has been noted that these substances were hauled from Maryland to Pennsylvania by a hauler not certified by the State of Maryland to haul Controlled Hazardous Substances as required by Health-Environmental Article, Section 7-249(a)(2), Annotated Code of Maryland, and COMAR 10.51.04.01.C1.

If you have any questions concerning this matter, please communicate with Mr. Harold L. Dye, Jr., Inspector, Hazardous Waste Inspection Team, Waste Management Administration at (301) 225-5731 in Baltimore.

Sincerely,



Ronald Nelson, Director
Waste Management Administration

RN:dl

Enclosure

cc: Donald Swetter, M.D.
William F. Clark, Esquire
Richard M. Hall, Esquire
Paul T. O'Connell, Esquire
Mr. William Chicca
Mr. John Koontz
Mr. Alvin Bowles
Mr. Arthur Caple
Mr. Harold L. Dye, Jr.

IN THE MATTER OF:

K.S. PROCESSING COMPANY

SERVE ON:

K.S. Processing Company
201 East 10th Street
Marcus Hook, Pennsylvania
19061

* DEPARTMENT OF HEALTH AND MENTAL
HYGIENE

*

* WASTE MANAGEMENT ADMINISTRATION
201 West Preston Street
Baltimore, Maryland 21201

*

*

*

C-O-85- 539

NOTICE OF VIOLATION

1. Whereas, the State of Maryland, Department of Health and Mental Hygiene, Office of Environmental Programs, pursuant to the powers, duties and responsibilities vested in the Secretary of Health and Mental Hygiene by Health-Environmental Article, Sections 1-301 and 7-201 through 7-268, inclusive, Annotated Code of Maryland, and delegated to the Director, Waste Management Administration, has reasonable grounds to believe that K.S. Processing Company has violated Maryland law regarding transportation of Controlled Hazardous Substances.

2. Whereas, on April 10, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number, PAA4936024, 402 pounds of a Controlled Hazardous Substance, namely waste Toluene.

3. Whereas, on April 10, 1984, K.S. Processing Company received for transportation from National Naval Medical Research Institute, RSO, under Pennsylvania Manifest Number PAA4936035, 112 pounds of a Controlled Hazardous Substance, namely waste Toluene.

4. Whereas, on May 16, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number PAA4936116, 151 pounds of a Controlled Hazardous Substance, namely waste Toluene.

5. Whereas, on June 20, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number, PAA4936256, 301 pounds of a Controlled Hazardous Substance, namely waste Toluene.

6. Whereas, on June 20, 1984, K.S. Processing Company received for transportation from National Naval Medical Research

Institute, RSO, under Pennsylvania Manifest Number PAA4936190, 100 pounds of a Controlled Hazardous Substance, namely waste Toluene.

7. Whereas, on July 17, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number, PAA4936315, 126 pounds of a Controlled Hazardous Substance, namely waste Toluene.

8. Whereas, on October 17, 1984, K.S. Processing Company received for transportation from National Naval Medical Research Institute, RSO under Pennsylvania Manifest Number, PAB00884903, 151 pounds of a Controlled Hazardous Substance, namely waste Toluene.

9. Whereas, on October 17, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number, PAB 00884940, 302 pounds of a Controlled Hazardous Substance, namely waste Toluene.

10. Whereas, on December 18, 1984, K.S. Processing Company received for transportation from National Naval Medical Research Institute, RSO, under Pennsylvania Manifest Number, PAB 00885146, 76 pounds of a Controlled Hazardous Substance, namely waste Toluene.

11. Whereas, on December 18, 1984, K.S. Processing Company received for transportation from Uniformed Services University of Health Services under Pennsylvania Manifest Number, PAB00885150, 252 pounds of a Controlled Hazardous Substance, namely waste Toluene.

12. Whereas, on February 20, 1985, K.S. Processing Company, received for transportation from National Naval Medical Research Institute, RSO, under Pennsylvania Manifest Number PAB00885511, 50 pounds of a Controlled Hazardous Substance, namely waste Toluene.

13. Whereas, on February 20, 1985, K.S. Processing Company received for transportation from Uniformed Services University of Health Sciences under Pennsylvania Manifest Number PAB00885345, 328 pounds of a Controlled Hazardous Substance, namely waste Toluene.

14. Whereas, these substances were transported to K.S. Processing Company, Pennsylvania by a hauler not certified by the State of Maryland to haul Controlled Hazardous Substances. These conditions constitute violations of Health-Environmental Article, Section 7-249(a)(2), Annotated Code of Maryland, and of COMAR 10.51.04.01.C1.

Therefore, it is Ordered by the Director of the Waste Management Administration that K.S. Processing Company shall:

A. Appear at a hearing scheduled for July 12, 1985 at 1:30 p.m. in Conference Room 102, 300 West Preston Street, Baltimore, Maryland 21201, before a Hearing Officer of the Department of Health and Mental Hygiene, Office of Hearings. This hearing is being held under authority of Health-Environmental Article, Section 7-259(a)(3)(i), Annotated Code of Maryland. Your appearance before the Hearing Officer under the authority of Section 7-261(a) constitutes an administrative hearing and you have the rights of any party in a contested case provided by the Administrative Procedure Act, State Government Article, Section 10-201, et. seq., Annotated Code of Maryland.

B. The Waste Management Administration is seeking a civil penalty in this case of \$12,000.00. However, in lieu of exercising your right to a hearing, you may settle this matter by remitting to the Waste Management Administration a certified check in the amount of \$6,000.00. By doing so, K.S. Processing Company waives its right to a hearing, but does not admit any of the allegations in the Notice of Violation. If settlement is elected, K.S. Processing Company shall by June 28, 1985 submit a certified check in the amount of \$6,000.00, payable to the Office of Environmental Programs, Waste Management Administration.

If you have any questions concerning this matter, please feel free to communicate with Mr. Harold L. Dye, Jr., Hazardous Waste Inspection Team, Waste Management Administration at (301) 225-5731 in Baltimore.

June 20, 1985

DATED

Ronald Nelson

Ronald Nelson, Director
Waste Management Administration

Approved as to form and legal
sufficiency this 14th day of

June

, 1985

Paul T. O'Connell

Paul T. O'Connell, Esquire
Staff Attorney

1. EPA ID: <u>PAID191810161911213121</u>		4. HANDLER TYPE: <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> NON-MAJOR								
2. HANDLER NAME: <u>K&S Processing Co.</u>										
3. ADDRESS: <u>Marcus Hook, Pa</u>										
6. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: <u>10/01/83</u> M D Y										
5. TYPE OF EVALUATION COVERED BY THIS REPORT: <input checked="" type="checkbox"/> EVALUATION INSPECTION <input type="checkbox"/> SAMPLING INSPECTION		<input type="checkbox"/> RECORD REVIEW <input type="checkbox"/> SPECIAL INSPECTION <input type="checkbox"/> FOLLOW-UP <u>Responsible Agency</u> <u>(5)</u>								
7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): <u> </u> / <u> </u> / <u> </u> M D Y										
8. AREA AND CLASS OF VIOLATION (enter number of violations by area and class):	Class of Violation	Area of Violation								
		GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other			
	I									
	II									
	III						2			
9. ENFORCEMENT ACTIONS FOR CLASS I VIOLATIONS:										
Area of Violation	Type of Action Taken (circle one)					Date Action Taken (mdy)	Compliance Dates (mdy)		Penalty	
							Scheduled	Actual	Assessed	Collected
<u>Other</u>	Informal	WL/NOV	AD	CivAc	CrimAc	<u>10/7/83</u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
	Informal	WL/NOV	AD	CivAc	CrimAc	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>	<u> </u> / <u> </u> / <u> </u>
10. COMMENTS: <u>NOV issued for manifest discrepancies (Class III)</u>										

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

11-25-83
Leonard

Date of inspection 11/16/83 Time start 2:00 Time finish 2:30
Name of inspector Robert Zang
Company name file - K.S. Processing Co.
Location Marcus Hook Dent. Park 201 E. Tenth St.
County Delaware Municipality Marcus Hook
Identification number PAD 980691737
Name of responsible official Kurt Schuermann
Title President
Mailing address 201 E. 10th St., Marcus Hook, PA - 19061
Area code and phone no. 215-494-4606
Name of person interviewed same
Title "
Mailing address (if different from above) same
Area code and phone no. "
1. a. PA hazardous waste transporter (HWT) license number AH5003
b. Expiration date 1/23/84
2. Hazardous waste handling: ☐ N/A
a. ☒ Blending, ☐ mixing
b. ☒ Storage, ☐ treatment, ☐ disposal
c. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim
3. Does the transporter generate hazardous wastes? ☒ Yes ☐ No
4. Types of hazardous waste produced by Hazardous Waste Number:
U220
U239
5. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes ☒ No

HAZARDOUS WASTE INSPECTION REPORT
Part C - Comments

K.S. Processing Co.

Transfer is in compliance

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. Findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person interviewed (signature) [Signature]

Date 11/16/83

Inspector (signature) Robert Bong

Date 11/16/83

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19106

SUBJECT: RCRA Inspection - *K.S. Processing Co., Inc.* *Marcus Hook, Pa.*
PAD 980691737

DATE:

FROM: *gk* Gregory A. Koltonuk, Environmental Scientist
RCRA Enforcement Section (3HW11)

TO: File

Thru: Peter W. Schaul, Chief
RCRA Enforcement Section (3HW11)

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS
REQUIRED AT THIS TIME.

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

CL 6-26-84

Date of inspection 6/14/84 Time start 11:00 Time finish 11:15

Name of inspector Robert Zang

Company name K.S. Processing Co.

Location 201 E. Tenth St.

County Delaware Municipality Marcus Hook

Identification number PAD 980691737

Name of responsible official Kurt Scheuermann

Title President

Mailing address 201 E. 10th St., Marcus Hook, PA - 19061

Area code and phone no. 215-494-4606

Name of person interviewed Edward Scheuermann

Title V.P.

Mailing address (if different from above) same

Area code and phone no. "

1. a. PA hazardous waste transporter (HWT) license number # PA - AH 5003

b. Expiration date 7/23/84

2. Hazardous waste handling: ☐ N/A

a. ☒ Blending, ☐ mixing

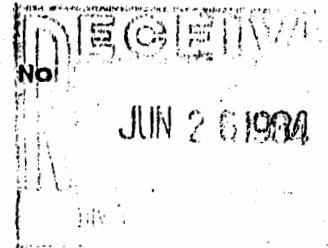
b. ☒ Storage, ☐ treatment, ☐ disposal

c. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

3. Does the transporter generate hazardous wastes? ☒ Yes ☐ No

4. Types of hazardous waste produced by Hazardous Waste Number:
U220
U239

5. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes ☒ No



Series - Part B

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

JUN 26 1904

K.S. Processing Co.

Transporter is in compliance.

Note: The Department recommends the use of disposable plastic protective suits.

JUN 26 1984

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Edward Scheuermann Date 6/14/84Inspector (signature) Robert Zeng Date 6/14/84



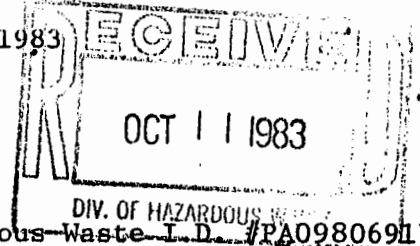
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

Ridley Creek State Park
Sycamore Mills Road
Media, PA 19063



Leonard

October 7, 1983



Mr. Kurt Scheuermann
K. S. Processing Company
201 East Tenth Street
Marcus Hook, PA 19061

RE: Hazardous Waste I.D. #PA0980691737

NOTICE OF VIOLATION

Dear Mr. Scheuermann:

The Commonwealth of Pennsylvania, Department of Environmental Resources ("Department") recently reviewed manifest document No. PAA4499040, a shipment of 312 pounds of hazardous waste (U220) from Medical College of Virginia. Your Company, which holds hazardous waste transporter license No. PA-AHS003, was indicated as Transporter No. 1 on the manifest.

The Department's review of manifest document No. PAA 4499040 indicated that the manifest violates Act 97, Section 403, for the following reason:

Your authorized representative failed to sign and certify the receipt of the shipment as required in Ch. 75.263(d)(2)(1).

You are hereby notified of the existence of the violation described above. In order to comply with the rules and regulations, the Department requests that you submit to the Department by October 12, 1983, a properly certified copy of the manifest.

This letter does not waive, either expressly or by implication, the authority of the Commonwealth of Pennsylvania to initiate any civil or criminal actions for any and all violations of law arising prior to or after the issuance of this letter or for the violations referred to in this letter. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources heretofore or hereafter existing.

If you have any questions concerning this matter, please feel free to contact me at 565-1687.

Truly yours,

Robert Zang
Solid Waste Specialist

cc: George Danyliw
Medical College of Virginia
Solid and Hazardous Waste
Leon Kuchinski ✓

R-SWM-51
Use cover sheet for instructions
Please TYPE or PRINT clearly using
ball point pen—PRESS HARD
RTA:

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

HAZARDOUS WASTE MANIFEST DOCUMENT NO. PA A44 99040

NAME	SITE ADDRESS	PHONE NO.	EPA I.D. NO.
GENERATOR Medical College of Virginia	Richmond, Virginia 1101 E. MARSHALL ST. BOX 112	804-786-9131	VIAD000798615
TRANSPORTER NO. 1 S. Processing Co	201 E. 10th St. Marcus Hook, Pa.	215-494-4600	PA0980691737
TRANSPORTER NO. 2 (IF ANY)			

RECEIVING FACILITY (TSD) S. Processing Co	201 E. 10th St. Marcus Hook, Pa.	215-494-4600	PA0980691737
---	----------------------------------	--------------	--------------

MORE THAN TWO TRANSPORTERS ARE TO BE UTILIZED. FILL OUT THE FOLLOWING AS APPROPRIATE:

THIS FORM IS NO. _____ OUT OF A TOTAL OF _____ THE FIRST MANIFEST DOCUMENT NO. IS PA [] [] [] [] [] [] [] [] [] []

PROPER US DOT SHIPPING NAME	US DOT HAZARD CLASS	UN NUMBER	FORM			QUANTITY	UNITS				CONTAINERS		EPA HAZ CODE	EPA WASTE TYPE			
			SOLID	LIQUID	GAS		GALLONS	CU YDS	POUNDS	TONS	NO	TYPE					
Toluene	Flammable Liquid	1294		X		31.2			X		12	17-H	IT	U	2	2	0

SPECIAL HANDLING INSTRUCTIONS INCLUDING CONTAINER EXEMPTION (i.e. IDENTIFICATION OF ADDITIONAL WASTES OF A NON-
HAZARDOUS NATURE INCLUDED IN SHIPMENT WHICH DO NOT HAVE TO BE MANIFESTED)

OCT 11 1983

SEP 22 1983

GENERATOR'S CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked and labelled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, U.S. EPA, and the State. The wastes described above were consigned to the transporter named. The TSD Facility can and will accept the shipment of hazardous waste, and has a valid permit to do so. I certify that the foregoing is true and correct to the best of my knowledge.

and the Commonwealth of Va.

GENERATOR'S SIGNATURE Ronald J. Guye	TITLE Lab Specialist	DATE SHIPPED Sept. 14 1983	EXPECTED ARRIVAL DATE Sept 14 1983
TE RECEIVED MONTH 9 DAY 14 YEAR 83	TRANSPORTER NO. 1 SIGNATURE AND CERTIFICATION OF RECEIPT OF SHIPMENT	TRANSPORTER NO. 1 H.W.T. ID (License): No. RA	NUMBER [AHS10103]

COPY 1 Disposer State - Mailed BY Generator

RECORD OF
COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: *James Cassidy*

FROM: *Lundy Adelsberger*
Pig V (614-462-8383)

DATE *11/21/83*

TIME *9:45 AM*

SUBJECT

K-S Processing (PAO-98-069-1737) Marcus Hook, Pa.

SUMMARY OF COMMUNICATION

*25-55 gal drums of Toluene in scintillation vials
left Ohio State Univ. via S.W. Nuclear Co. based
in Louisville, Ky. (B.B. Roberts 502-245-1484) went to
Beltsville, Md 6/6/83. Waste will be shipped to
K-S Processing Marcus Hook Pa. (215-494-4606)
to be incinerated per manifest. Mr. Adelsberger went
to track down waste. K-S Processing is listed as
Gen. Trans. only not TSD Ductility. Jan Potenberg
explained process at facility. Also sent Mr. Adelsberger
copy of complete file.*

CONCLUSIONS, ACTION TAKEN OR REQUIRED

EPA

K.S. - PROCESSING CO.

All Mail - Box 471 - Moorestown, New Jersey - 08057 -
Facilities 201 West 10th Street Marcus Hook, Pa. 19061 Phone 215-494-4606
PAD 980691737

DATE	FILE
APR 10 1983	
MAIL ROOM	RECEIVED

April 18/83

Department of Environmental Resources
Solid Waste Dept.
Answers to
Hazardous Waste Inspection Report
Generators Part C

1. Enclosed new notification of hazardous waste activity.
2. We have daily processing reports, showing the number of drums being processed. We have quarterly reports showing quantities received.

3. DESCRIPTIONS and DISPOSITIONS

We receive used liquid scintillation vials of the exempt variety, from medical research laboratories, (used in drug research only) for recycling. EPA waste # D001.

Shipping papers and certification (signed by authorized personnel) from each generator or shipper are available, for every shipment we receive.

4. We have applied for a hazardous waste transporters license, with DER in Harrisburg, March 22, 1983.

Prepared by
Kurt Scheuermann, Pres.

V-220
V-239 added

Pennsylvania Department of Environmental Resources
BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

825-SWM-53: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER									
PA D 9 8 0 6 9 1 7 3 7									
II. NAME OF INSTALLATION									
K.S. PROCESSING CO. ARR 20, 1983									
III. INSTALLATION MAILING ADDRESS									
STREET OR P. O. BOX									
P.O. Box 471									
CITY OR TOWN								ST.	ZIP CODE
MOORESTOWN								N J	08057
IV. LOCATION OF INSTALLATION									
STREET OR ROUTE NUMBER								MUNICIPALITY	
201 East 10th Street								MARCUS HOOK	
CITY OR TOWN				ST.	ZIP CODE			COUNTY	
MARCUS HOOK				PA	19061			DELAWARE	
V. INSTALLATION CONTACT									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)	
SCHEUERMANN KURT PRESIDENT								2 1 5 4 9 4 4 6 0	
VI. OWNERSHIP									
A. NAME OF INSTALLATION'S LEGAL OWNER									
SCHEUERMANN KURT									
B. TYPE OF OWNERSHIP									
(enter the appropriate letter into box)									
F = FEDERAL M = NON-FEDERAL M									
VII. SIC CODES (4-digit in order of priority)									
A. FIRST					C. THIRD				
(specify) REUSE RECYCLE STORAGE					(specify)				
B. SECOND					D. FOURTH				
(specify)					(specify)				
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY									
<input checked="" type="checkbox"/> A. GENERATION <input checked="" type="checkbox"/> C. STORE <input checked="" type="checkbox"/> E. TRANSPORTATION <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM									
<input checked="" type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify)									
IX. MODE OF TRANSPORTATION (transporters only)									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify)									
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
B. UIC (Underground Injection of Fluids)					E. SOLID WASTE				
C. RCRA (Hazardous Wastes)					F. OTHER (specify)				
XI. TYPE OF NOTIFICATION									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input type="checkbox"/> E. DELETION OF AN ACTIVITY									
<input checked="" type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY									

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
U 2 20	U 2 3 9				
19	20	21	22	23	24
25	26	27	28	29	30

added 7/26/83

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☐ 1. IGNITABLE ☐ 2. CORROSIVE ☐ 3. REACTIVE ☐ 4. EXTREMELY TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

KURT SCHEUERMANN, PRESIDENT

4/18/83

FOR OFFICIAL USE ONLY

I.D. - FOR OFFICIAL USE ONLY												
6	7	8	9	10	11	12	13	14	15	16	17	18
W												
1	2	3	4	5	6	7	8	9	10	11	12	13

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 D 0 0 1 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Kurt Scheuermann

NAME & OFFICIAL TITLE (type or print)

KURT SCHEUERMANN, PRESIDENT

DATE SIGNED

MARCH 24/1983

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F P A D 9 8 0 6 9 1 7 3 7

T/A C

1

8 3 0 4 0 4

I. NAME OF INSTALLATION

K. S. P R O C E S S I N G C O

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P. O. B o x 4 7 1

CITY OR TOWN

M O O R E S T O W N

N. J.

0 8 0 5 7

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2 0 1 E a s t 1 0 t h S t r e e t

CITY OR TOWN

6 M A R C U S H O C K

P A

1 9 0 6 1

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 S C H E U E R M A N N K U R T P R E S I D E N T

PHONE NO. (area code & no.)

2 1 5 - 4 9 4 - 4 6 0 6

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 K U R T S C H E U E R M A N N

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

5/18/83

☒ C. ~~XXXX~~ STORE/PROCESS☒ X☒ B. TRANSPORTATION (complete item VII)☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

P A D 9 8 0 6 9 1 7 3 7

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

K.S. - PROCESSING CO. INC.

All Mail - Box 471 - Moorestown, New Jersey - 08057 -

FACILITIES, 201 W. 10th STREET, MARCUS HOOK, PENNSYLVANIA 19061 Phone 215-494-4606

Miss. Sherly Bulkin
Air and Waste Management Div.
U.S. EPA, Region III
6th and Walnut Street
Philadelphia, Pa. 19106

Dear Miss Bulkin,

In reference to our telephone conversation of Jan. 3, 1983, enclosed please find the EPA notification form (# 8700-12) and the information you requested.

We have relocated our processing facilities to Marcus Hook, Pennsylvania and changed our company name to K.S. Processing CO. Inc.

It is my understanding that we will receive a new EPA ID number in place of the two previous ones. We will use the new number for transporting and all other dealings as a reuse recycle facility.

Sincerely,


Kurt Scheuermann, President

RECEIVED
B. ... SECT

JAN 5 1983

EPA DO

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F PAD980721302

T/A C
1

820622

I. NAME OF INSTALLATION

PROCESS-TECH

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 471

CITY OR TOWN

ST.

ZIP CODE

4 MOORESTOWN

NJ

08057

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1606E MANNING BLVD

CITY OR TOWN

ST.

ZIP CODE

6 LEVITTOWN

PA

19057

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 KURT SCHEUERMAN PRESIDENT

215-945-8844

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 KURT SCHEUERMAN

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
0001					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

	49		50		51		52		53		54	
	23	-	25		23	-	25		23	-	25	

☒ 4. TOXIC
(0000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

June 22/80



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460
OFFICE OF SOLID WASTE

- 1 16 1983

Mr. Tom Garth
Process - Tech. Inc.
P.O. Box 471
Moorestown, NJ 08057

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Dear Mr. Garth:

I am writing in response to your telephone request for clarification of several aspects of EPA's hazardous waste management regulations (40 CFR Part 261).

Your first question was whether used scintillation cocktails are regulated as an ignitable waste (D001) or as a spent solvent (F005). According to the information I was able to find, toluene serves, in this application, as a carrier or dispersant and not as a true solvent. Thus, the used cocktails should be considered to be ignitable wastes (D001). Also, since the used scintillation cocktails are not "listed wastes" their recycling or reuse is regulated under the provisions of 40 CFR 261.6(a) and not (b).

As to your second question, in calculating the quantity of waste for purposes of determining whether or not one is a small quantity generator, the weight of the container is not included. The operative factor is the weight of actual waste.

Your final question dealt with whether material which is a radioactive by-product and thus falls under Nuclear Regulatory Act control but which is released from NRC or state regulation becomes subject to RCRA control. It is our interpretation of the provisions of 40 CFR 261.4(a)(4) that such wastes are exempt from RCRA control even if the waste meets one or more characteristics of a hazardous waste.

I hope this clarification is sufficient to clear up any questions you or your customers may have.

Sincerely,

David Friedman

David Friedman
Manager
Waste Analysis Program
Hazardous & Industrial Waste Division (WH-565)

MAR 23 1983

K.S. - PROCESSING CO. INC.

All Mail - Box 471 - Moorestown, New Jersey - 08057 -

FACILITIES, 201 W. 10th STREET, MARCUS HOOK, PENNSYLVANIA 19061 Phone 215-494-4606

EPA ID # PAD 980721 302

U.S. EPA Region III
Air and Waste Management Div.

Dec. 30.1982

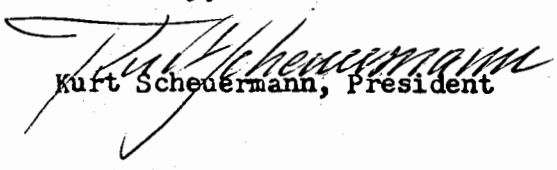
6th and Walnut Street

Philadelphia, Pa. 19106

Attn. Sherly Bulkin

This letter is to inform you that we will be using our EPA ID number for transporting and for manifesting as a reuse recycle facility in the state of Pennsylvania, as suggested by DER Harrisburg, Pa.

Sincerely,


Kurt Scheuermann, President

RECEIVED
PERMITS & PESTICIDES SECT

JAN 3 1983

EPA, R3

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER

RA D 9 6 0 6 9 1 7 3 7

II. NAME OF INSTALLATION

K. S. PROCESSING CO. INC.

III. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

P.O. Box 471

CITY OR TOWN

MOORESTOWN

ST.

ZIP CODE

N J 08057

IV. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

201 West 10th Street

MUNICIPALITY

Marcus Hook

CITY OR TOWN

ST.

ZIP CODE

COUNTY

Marcus Hook

P A

19061

Delaware

V. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

Scheuermann Kurt President

PHONE NO. (area code & no.)

215 494 4606

VI. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Scheuermann Kurt

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F - FEDERAL M - NON-FEDERAL

M

VII. SIC CODES (4-digit in order of priority)

A. FIRST

(specify) Reuse - Recycling

C. THIRD

(specify)

B. SECOND

(specify)

D. FOURTH

(specify)

VIII. TYPE OF HAZARDOUS WASTE ACTIVITY

☐ A. GENERATION ☐ C. STORE ☒ E. TRANSPORTATION (COMPLETE ITEM IX) ☒ G. REUSE, RECYCLE, RECLAIM
☐ B. TREAT ☐ D. DISPOSE ☐ F. PERMIT BY RULE ☐ H. OTHER (specify):

IX. MODE OF TRANSPORTATION (transporters only)

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

X. EXISTING ENVIRONMENTAL PROGRAM PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

PERMITS & REGULATIONS SECT

B. UIC (Underground Injection of Fluids)

E. SOLID WASTE

JAN 3 1983

C. RCRA (Hazardous Wastes)

F. OTHER

(specify)

NONE

XI. TYPE OF NOTIFICATION

Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).

☐ A. FIRST NOTIFICATION ☐ C. DELETION OF A WASTE ☐ E. DELETION OF AN ACTIVITY
☒ B. CHANGE OF GENERAL INFORMATION ☐ D. ADDITION OF A WASTE ☐ F. ADDITION OF AN ACTIVITY

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☒ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☒ 4. EP TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Kurt Scheuermann

NAME and OFFICIAL TITLE (Type or Print)
Kurt Scheuermann, President

DATE SIGNED
Dec. 23, 1982

FOR OFFICIAL USE ONLY

RECEIVED
B. PERMITS & PESTICIDES SECT

JAN 3 1983

EPA, R3

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FPA0980712491

T/A C

1

820805

I. NAME OF INSTALLATION

K S. Processing Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. Box 471

CITY OR TOWN

Moorestown

ST.

ZIP CODE

NJ08057

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1606 E Manning Blvd

CITY OR TOWN

Levittown

ST.

ZIP CODE

PA19057

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

Scheuermann Kurt President

215-945-8844

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Kurt Scheuermann

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PA0980721302

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
5														
W														
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
Edward R. Scheuermann	Edward Scheuermann - Vice Pres	8/3/82

2491



Greg.
We have a duplicate -

L. S - Processing - 2 numbers exist

same location : PAD 98 069 1737 - Keep
PAD 98 071 2491

the activity from 2491 needs to be transferred
to 1737!

Joan

Delete 2491 and if there is any inspection
Report data etc. under this number, please
replace it under 1737



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 98 071 2491

INSTALLATION ADDRESS

K S Processing Company
P.O. Box 471
Moorestown, NJ 08057
Attn: Mr. Kurt Scheuermann, President
1606 E. Manning Blvd.
Levittown, PA 19057

K.S. Processing Co.

PAD 98071 2491

subsequent notification
to Process Deck -

PAD 98072-1302

add +50 to signal -

Does he also want a
name change?

OK w/ Bill about prospect.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 98 069 1737

INSTALLATION ADDRESS

K.S. Processing Company
P.O. Box 471
Moorestown, NJ 08057
Attn: Kurt Scheuermann

201 E. 10th Street
Marcus Hook, PA 19061



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 98 069 1737

INSTALLATION ADDRESS

KS Processing, Inc.
P.O. Box 471
Moorestown, NJ 08057
Attn: Kurt Scheuermann

201 W. 10th Street
Marcus Hook, PA 19061



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 98 072 1302

INSTALLATION ADDRESS

Process-Tech
P.O. Box 471
Moorestown, NJ 08057

1606 E. Manning Blvd.
Levittown, PA 19057

06 276-5010



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 98 071 2491

Kurt Scheuermann, Pres.
KS Processing Inc.
P.O. Box 471
Moorestown, NJ 08057

INSTALLATION ADDRESS

201 W. 10th St.
Marcus Hook, PA 19061